



STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS
APPLICATION FOR INTERPRETER CERTIFICATION

1103 Rear Southwest Boulevard
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

INSTRUCTIONS: Please complete the information below. Return the completed notarized form along with the appropriate fee in the form of a cashier's check or money order (made payable to MCDHH/BCI Fund) -- **no personal checks accepted** -- to the address above (\$10.00 application fee **plus** \$25.00 written exam fee).

FOR OFFICE USE ONLY	
Application Received	Fee Paid \$
Written Exam Completed	Score

I. APPLICANT INFORMATION

NAME (Print in full, including middle initial)		TELEPHONE NUMBER (Voice/TTY/Both)
PREVIOUS NAME(S) (If any)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	Street	City State Zip Code County
NAME AND LOCATION OF COLLEGE/UNIVERSITY (City, State)		DEGREE EARNED & WHEN
NAME AND LOCATION OF HIGH SCHOOL (City, State)		DATE DIPLOMA OR EQUIVALENT ISSUED

II. TYPE OF CERTIFICATION APPLIED FOR

I AM APPLYING FOR: PLEASE CHECK ONE OF THE FOLLOWING:

CERTIFICATION (MICS) RESTRICTED CERTIFICATE IN EDUCATION (RCED) SEE (RCED)

PLEASE CHECK ONE OF THE FOLLOWING:

A COPY OF MY WRITTEN EXAMINATION IS ON FILE WITH THE COMMISSION

I WILL TAKE THE WRITTEN EXAMINATION AT (Include \$35.00 Application/Written Examination Fee)

Date Location

III. OTHER CERTIFICATION INFORMATION

Have you ever been tested by another certifying entity? Yes No

If yes, please provide date and name of certifying entity:

IV. AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state as follows:
That I have personally completed the foregoing application truthfully and completely, without omission;
That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;
That I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills or any other testing material;
That I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and
That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT		DATE
	STATE		COUNTY (or City of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	My Commission Expires	
Notary Public Embossed Seal	NOTARY PUBLIC NAME (Typed or Printed)		